

I N D I V I C A

Invoice Reports

The Invoice Report tool allows you to create very detailed reports about the bills/invoices in your OSCAR system. Appendix A contains examples of commonly used reports.

I. Using Invoice Reports

1. Click Admin on the OSCAR toolbar then Invoice Reports.
2. Use the parameters to define your report then click Create Report.

SERVICE DATE	PATIENT	PATIENT NAME	STAT	SETTLED	CODE	BILLED	PAID	ADJ	DX	TYPE	ACCOUNT	MESSAGES
Count:	0	0				Total: 0.00	0.00	0.00				

- (a) Pay Programs.** Filters invoices based on which pay program was selected. Bill OHIP is used for all OHIP invoices. Bill Patient is used for all 3rd party invoices.
- (b) Providers.** Filters invoices based on who the billing provider is.
- (c) From and To.** Filters invoices based on the service date. Clicking the word From/To will display a calendar from which to select dates.
- (d) Dx.** Filters invoices based on what diagnostic (dx) code was used.
- (e) Serv. Code.** Filters invoices based on service code. Partial codes are acceptable (e.g. A007 will still return A007A). % is a placeholder for no code; it should be removed if a code is to be used.
- (f) Demographic.** Filters invoices based on demographic number.
- (g) RA Code.** Filters invoices based on an error code (e.g. EH2, VH1, I2, etc.).
- (h) Visit Type.** Filters invoices based on visit type (e.g. Clinic Visit, Hospital Visit). There is no filter for Visit Location.
- (i) Billing Form.** Filters invoices by service codes that are located on the selected billing form.
- (j) Billing Type.** Filters invoices based on the Billing Type. Rejected is a special case and returns an immutable list of invoices that have been referenced in all error claim reports in the system.



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SERVICE DATE	PATIENT	PATIENT NAME	STAT	SETTLED	CODE	BILLED	PAID	ADJ	DX	TYPE	ACCOUNT	MESSAGES
2014-01-17(k)	2 (l)	STORM,SUE (m)	B(o)	N/A(p)	B99(q)	110.(r)	0.(s)	110.(t)	4(u)	H(v)	67(w)	Edit(x)
2014-01-17	2	STORM,SUE	B	N/A	A007A	33.70	0.00	33.70	460	HCP	67	Edit

- (k) **SERVICE DATE.** Displays the service date of the invoice as defined on the invoice.
- (l) **PATIENT Number.** Displays patient's demographic number. Clicking this value changes Demographic (f) to the respectively demographic number.
- (m) **PATIENT NAME.** Displays patient's name. Clicking this brings up the patient's master demographic record in a new window.
- (o) **STAT.** Displays one letter code to denote the Billing Type.

STAT	Billing Type	STAT	Billing Type
H	Capitated	B	Submitted to OHIP
O	Bill OHIP	S	Settled
P	Bill Patient	X	Bad Debt
N	Do Not Bill	D	Deleted Bill
W	WSIB	I	Bonus Codes

- (p) **SETTLED.** Depreciated value. Always shows N/A.
- (q) **CODE.** Displays the service code. Each service code is displayed on a single line even if billed with other service codes.
- (r) **BILLED.** Displays the amount billed for the service code on the invoice.
- (s) **PAID.** Displays the amount paid for the bill according to any processed remittance advice (RA) files. Clicking this brings up a detail summary of all pay transactions included individual error codes. This is most helpful when an invoice for many services is rejected with many error codes.



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RA HEADER #	OHIP #	SERVICE CODE	SERVICE COUNT	HIN	AMOUNT CLAIMED	AMOUNT PAYED	SERVICE DATE	ERROR CODE	BILL TYPE
21	037986	A007A	01	1309167334	33.70	0.00	20130516	I2	HCP
21	037986	E430A	01	1309167334	11.55	0.00	20130516	M1	HCP
21	037986	G394A	01	1309167334	6.75	6.75	20130516		HCP

In this example...

A007A was rejected due to I2 (service is globally funded).

E430A was rejected due to M1 (maximum fee for these services has been reached).

G394A was paid for 6.75.

- (t) **ADJ.** Displays the difference between the BILLED and PAID amount.
- (u) **DX.** Displays the diagnostic code for the invoice.
- (v) **TYPE.** Displays the pay program.

TYPE	Pay Program	Type	Pay Program
HCP	Bill OHIP	ODS	ODS
RMB	Reciprocal Medical Billing	CPP	Canadian Pension Plan
WCB	Worker's Compensation Board	STD	Short/Long Term Disability
PAT	Bill Patient	IFH	Interm Federal Health
OCF	OCF	NOT	Do Not Bill

- (w) **ACCOUNT.** Displays the Invoice Number as defined in OSCAR.
- (x) **Edit.** Clicking this brings up the Billing Correction screen where all values can be changed.



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Appendix A: Examples

Below are some common examples of Invoice Reports that might be run at a clinic.

A1. Year End Statement

This report shows all patients who have not paid any non-OHIP bills for all providers in the clinic for one year. This report can be modified by selecting Settled as the Billing Type to show an annual cash receipt.

<input type="checkbox"/> Bill OHIP <input type="checkbox"/> RMB <input type="checkbox"/> WSIB <input type="checkbox"/> Not Bill <input checked="" type="checkbox"/> Bill Patient <input type="checkbox"/> OCF <input type="checkbox"/> ODSP <input type="checkbox"/> CPP <input type="checkbox"/> STD/LTD <input type="checkbox"/> IFH <input checked="" type="checkbox"/> ALL		All Providers OHIP No.: From: 2013-02-12 To: 2014-02-12 30 60 90 Create Report Dx: Serv. Code: % Demographic: RA Code:										
<input type="radio"/> Rejected <input type="radio"/> Capitated <input type="radio"/> Bill OHIP <input checked="" type="radio"/> Bill Patient <input type="radio"/> Do Not Bill <input type="radio"/> Submitted OHIP <input type="radio"/> Settled <input type="radio"/> Bad Debt <input type="radio"/> Deleted Bill <input type="radio"/> All		Billing Form: ---										
SERVICE DATE	PATIENT	PATIENT NAME	STAT	SETTLED	CODE	BILLED	PAID	ADJ	DX	TYPE	ACCOUNT	MESSAGES
2013-02-26	28		P	N/A	001A	25.00	0.00	25.00		PAT	50	Edit
2013-04-04	19		P	N/A	001A	25.00	0.00	25.00	799	PAT	55	Edit
2013-08-14	26		P	N/A	003A	169.50	0.00	169.50	799	PAT	61	Edit
Count:		3				Total:	219.50	0.00	219.50			

A2. Patients Billed for Tracking Codes

This report shows all patients who were billed for the code Q200A for all providers in the clinic for the month of January. The Billing Type "All" was used in order to encapsulate rejected claims, settled claims, and claims not yet sent to OHIP. Because Invoice Reports automatically shows totals at the bottom, it also gives me a count of the number of patients who were billed under the PATIENT column.

<input checked="" type="checkbox"/> Bill OHIP <input type="checkbox"/> RMB <input type="checkbox"/> WSIB <input type="checkbox"/> Not Bill <input type="checkbox"/> Bill Patient <input type="checkbox"/> OCF <input type="checkbox"/> ODSP <input type="checkbox"/> CPP <input type="checkbox"/> STD/LTD <input type="checkbox"/> IFH <input checked="" type="checkbox"/> ALL		All Providers OHIP No.: From: 2014-01-01 To: 2014-01-31 30 60 90 Create Report Dx: Serv. Code: Q200A Demographic: RA Code:										
<input type="radio"/> Rejected <input type="radio"/> Capitated <input type="radio"/> Bill OHIP <input type="radio"/> Bill Patient <input type="radio"/> Do Not Bill <input type="radio"/> Submitted OHIP <input type="radio"/> Settled <input type="radio"/> Bad Debt <input type="radio"/> Deleted Bill <input checked="" type="radio"/> All		Billing Form: ---										
SERVICE DATE	PATIENT	PATIENT NAME	STAT	SETTLED	CODE	BILLED	PAID	ADJ	DX	TYPE	ACCOUNT	MESSAGES
2014-01-02	41595		S	N/A	Q200A	5.00	0.00	5.00	079	HCP	89437	Edit I9
2014-01-02	38330		B	N/A	Q200A	5.00	0.00	5.00	493	HCP	87298	Edit M1 I9
2014-01-02	19410		B	N/A	Q200A	5.00	0.00	5.00	401	HCP	87301	Edit M1 I9
2014-01-02	41499		B	N/A	Q200A	5.00	0.00	5.00	493	HCP	87302	Edit M1 I9
2014-01-02	62808		B	N/A	Q200A	5.00	0.00	5.00	781	HCP	87316	Edit M1 I9
2014-01-02	62809		B	N/A	Q200A	5.00	0.00	5.00	781	HCP	87317	Edit M1 I9
2014-01-31	62972		B	N/A	Q200A	5.00	0.00	5.00	685	HCP	93018	Edit
Count:		211				Total:	1055.00	0.00	1055.00			



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A3. Patients Billed for Diagnostic Codes

This report shows all patients who were billed for the diagnostic code 250 for all providers in the clinic for the month of February. The Billing Type "All" was used in order to encapsulate rejected claims, settled claims, and claims not yet sent to OHIP. Because Invoice Reports automatically shows totals at the bottom, it also gives me a count of the number of patients who were billed under the PATIENT column.

Bill OHIP RMB WSIB Not Bill
 Bill Patient
 OCF ODSP CPP STD/LTD IFH
 ALL

All Providers OHIP No.: From: 2014-02-01 To: 2014-02-28
30 60 90 Create Report

Dx: 250 Serv. Code: % Demographic: RA Code: Billing Form: ---

Rejected Capitated Bill OHIP Bill Patient Do Not Bill Submitted OHIP Settled Bad Debt Deleted Bill All

SERVICE DATE	PATIENT	PATIENT NAME	STAT	SETTLED	CODE	BILLED	PAID	ADJ	DX	TYPE	ACCOUNT	MESSAGES
2014-02-01	32027		B	N/A	A007A	33.70	0.00	33.70	250	HCP	92920	Edit
2014-02-01	32027		B	N/A	Q012A	10.11	0.00	10.11	250	HCP	92920	Edit
2014-02-01	40306		B	N/A	A007A	33.70	0.00	33.70	250	HCP	92964	Edit
2014-02-01	40306		B	N/A	Q012A	10.11	0.00	10.11	250	HCP	92964	Edit
2014-02-01	15852		B	N/A	A007A	33.70	0.00	33.70	250	HCP	92926	Edit
2014-02-01	15852		B	N/A	Q150A	7.00	0.00	7.00	250	HCP	92926	Edit
2014-02-01	15852		B	N/A	Q012A	12.21	0.00	12.21	250	HCP	92926	Edit
2014-02-12	16352		O	N/A	A007A	33.70	0.00	33.70	250	HCP	95097	Edit
Count:	238	238			Total:	8114.40	0.00	8114.40				

A4. OHIP Bills by Error

This report shows OHIP bills that had the error code M1 for all providers in the clinic for the month of August that have not been settled yet.

Bill OHIP RMB WSIB Not Bill
 Bill Patient
 OCF ODSP CPP STD/LTD IFH
 ALL

All Providers OHIP No.: From: 2013-07-31 To: 2013-08-31
30 60 90 Create Report

Dx: 250 Serv. Code: % Demographic: RA Code: M1 Billing Form: ---

Rejected Capitated Bill OHIP Bill Patient Do Not Bill Submitted OHIP Settled Bad Debt Deleted Bill All

SERVICE DATE	PATIENT	PATIENT NAME	STAT	SETTLED	CODE	BILLED	PAID	ADJ	DX	TYPE	ACCOUNT	MESSAGES
2013-08-01	23395		B	N/A	Q040A	60.00	0.00	60.00	250	HCP	90474	Edit M1
2013-08-01	26120		B	N/A	Q040A	60.00	60.00	0.00	250	HCP	79724	Edit AD9 M1 I9
2013-08-01	26120		B	N/A	Q013A	100.00	0.00	100.00	250	HCP	79724	Edit AD9 M1 I9
2013-08-01	26120		B	N/A	Q200A	5.00	0.00	5.00	250	HCP	79724	Edit AD9 M1 I9
2013-08-19	28508		B	N/A	Q013A	100.00	0.00	100.00	250	HCP	67931	Edit M1 35 35
2013-08-19	28508		B	N/A	A007A	34.70	37.07	-2.37	250	HCP	67931	Edit M1 35 35

